



TEXAS DEPARTMENT OF HEALTH
Bureau of Emergency Management

EMS PERSONNEL CERTIFICATION APPLICATION
INITIAL ECA ONLY

For TDH Use Only 2A284/160

Receipt # _____

Date _____

Amount _____

See attached **Privacy Notice**. All information given on application is considered public record, with exception of social security number* and driver's license number.

APPLICATION SUBMISSION: Application processing takes approx 3 weeks. Submit this application, course completion certificate and fee payment, if not exempt, to your local Public Health Region office.

TESTING INSTRUCTIONS: You are responsible for scheduling your exam seat assignment with the Region office. Your only option for testing is the state exam. You will not be allowed to schedule your exam until application and course certificate processing has been completed. Check your application status on-line at: http://160.42.108.3/ems_web/blh_html_page1.htm Contact your Region office with questions about application, fees or exam schedules. <http://www.tdh.state.tx.us/hcqs/ems/regions.htm>

TYPE OR PRINT IN BLACK INK. Additional instructions at: <http://www.tdh.state.tx.us/hcqs/ems>

Reciprocity certification is not available at the ECA level.

Section 1 - Personnel Data

Print Last Name	First Name	Middle Name	SS# * or EMS ID #
Mailing Address: Street, Apartment Number or P O Box		City	State Zip
()	()		
Home Phone (include area code)	Business Phone (include area code)	County	
()	()		
Date of Birth (MM/DD/YY)	Driver's License Number (include State)		
Have you achieved high school diploma or GED? <input type="checkbox"/> No <input type="checkbox"/> Yes Texas Education Agency accredited public or private school. Home schools must have accreditation from TEA or acceptance into a regionally accredited college.			
*Disclosure of your social security number is voluntary. We recommend you provide your social security number to be used as a unique identifier so as to prevent confusion among applicants of similar or same name.			

Section 2 - EMS Employment Information

List all licensed EMS Firms &/or registered First Responder Organizations for which you work/volunteer, use additional sheet if needed:			
Name of Firm	Address	City, State, Zip	Volunteer or Paid**
_____	_____	_____	_____
_____	_____	_____	_____
**Fee exemption is allowed ONLY if you volunteer exclusively. Complete Section 3 - Volunteer Sign-off below, if applicable.			

Section 3 - Volunteer Sign-Off - Complete if applicable.

<u>This section to be completed by EMS provider or FRO administrator</u>	
This candidate is exempt from the payment of fees because he/she actively provides emergency medical care for our organization, which is a TDH licensed emergency medical services provider or a TDH registered first responder organization (FRO), and does not receive compensation*** for providing these services. Additionally, to the best of my knowledge, this candidate does not provide emergency care for any other organization in return for compensation***, other than reimbursement as described below.	
I have explained to the candidate that if during the certification period, the candidate begins to receive compensation*** for providing emergency medical services, from any organization, the exemption is inapplicable and the candidate shall send to the department an application and a prorated fee.	
Signature of provider or FRO Administrator	Print Signed Name
***Compensation does not include reimbursement for actual expenses for medical supplies, gasoline, clothing, meals and insurance incurred while volunteering.	
Provider or FRO Name and City:	
TDH License or Registration Number:	Phone:

Section 4 - Application Type - Check appropriate box and attach requested information.

- ☐ **Initial:** Completed Texas-approved initial course within past year. Submit this application, course completion certificate and fee, if not exempt. You must complete all requirements, including passing written exam, within one year of course completion date. Follow Testing Instructions on page 1.
- ☐ **Equivalency:** Candidate certified or licensed in another healthcare discipline or EMS trained outside the United States. You are responsible for acquiring curriculum review by a regionally accredited post secondary institution approved by the department. Submit this application with documentation of successful curriculum review and fee, if not exempt. You must pass written exam within one year of curriculum completion date. Follow Testing Instructions on page 1.
- List your healthcare discipline, e.g. RN, medical physician, respiratory therapist: _____
- License or certificate number: _____ Country/State of issuance: _____

Section 5 - Fees - Mark the fee(s) you are submitting. Make fee payment payable to: **Texas Department of Health.** Send check or money order. Do not send cash. Fees are NOT refundable. Volunteers are exempt from fees, except when subscribing for magazine. **Do not combine** application fee with EMS Magazine subscription fee. See Magazine subscription form on page 3.

- ☐ **ECA - \$50**
- ☐ **Other** (volunteer-to-pay, etc.): Explain- _____
- ☐ **None:** Explain- _____

Section 6 - Criminal History Information - Everyone must complete.

Failure to report convictions and/or provide accurate information may result in disciplinary action against your Texas EMS personnel certification. We intend to take disciplinary action when criminal history information is omitted, either willfully or inadvertently. If you are currently under supervision (probation) for a criminal offense for which you believe you have not been convicted, please disclose this information below.

Have you ever been given deferred adjudication or been convicted of a felony or misdemeanor? ☐ No ☐ Yes

If yes, complete below.

Provide the following information for **all** felony and/or misdemeanor offenses, excluding minor violations, e.g. speeding, parking (NOTE: DWI/DUI **must** be reported). Include any conviction(s) currently on appeal. For multiple offenses, use additional sheet(s). It is your responsibility to ensure that all information/documentation is attached with this application, e.g. court judgement(s), condition(s), of probation, if appropriate.

Indicate offense(s) committed & court case/cause number(s): _____

Date(s) of conviction(s): _____ Sentence(s): _____ Fine(s): \$ _____

City, County and State where offense(s) committed: _____

List other names you have used (e.g. alias, married/maiden, etc.) _____

Are you/were you on probation/parole? ☐ No *or* ☐ Yes Projected discharge date: _____ Discharge date: _____

Has your criminal history previously been evaluated by TDH? ☐ No *or* ☐ Yes **When:** _____ **If yes,**
have you committed any criminal offenses, or has the court taken any actions against you since the evaluation? ☐ No ☐ Yes

Section 7 - Signature and Date

I hereby affirm and declare that all information submitted on this form is true and correct. I understand that false statements or information on this application may be considered as sufficient cause for denial of certification or decertification.

Signature of Applicant: _____ Date: _____

PRIVACY NOTIFICATION:

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

Because of different budget numbers, you must make separate checks for your certification application and for the magazine. Include both checks with your application packet and mail to your local public health region (www.tdh.state.tx.us/hcqs/ems/regions.htm). Or, for faster magazine service, mail subscription form with magazine check separately to: TDH-EMS, PO Box 149200, Austin, Texas 78714-9200.

For TDH Use Only **ZZ 083-008**

Receipt # _____

Date _____

Amount _____

Texas EMS Magazine

Subscription Form

\$25 for 2 years

\$45 for 4 years

Your point of contact with the agency that regulates Texas EMS - taking state and national EMS issues and answers to emergency medical services professionals serving in every capacity across Texas.

Amount Enclosed \$_____ for 2 or 4 (circle one) year subscription
ZZ 083-008

____New subscription

____Renewal subscription

Fill in name and address and mail along with payment.

Please enter my subscription (please print)

Name _____

Address _____

Zip _____

Make check or money order payable to:
Texas Department of Health -- ZZ 083-008

(Please write magazine budget number ZZ 083-008 on check)